



**This form must be printed on brightly colored paper only**

**\*\*\*\*\*ATTENTION ALL APPLICANTS\*\*\*\*\***

**The Gallatin City/County Environmental Health Services will not accept a Wastewater Treatment System Permit Application or a Subdivision in Sanitation Act Review Application without this completed form. Please read this form carefully and sign below. It contains important information regarding your construction project.**

Property Owner \_\_\_\_\_

Mailing Address \_\_\_\_\_  
City State Zip

Applicant/Company \_\_\_\_\_ Phone \_\_\_\_\_

Address of Site \_\_\_\_\_ COS # \_\_\_\_\_

Subdivision \_\_\_\_\_ Lot/Tract/Parcel \_\_\_\_\_ Block \_\_\_\_\_

Legal Description: \_\_\_\_\_ 1/4 \_\_\_\_\_ 1/4 Section \_\_\_\_\_ Township \_\_\_\_\_ Range \_\_\_\_\_

Geocode: \_\_\_\_\_ Project Type: \_\_\_\_\_

**By signing below, the property owner or authorized agent hereby acknowledges that the owner or agent discussed this application with the Gallatin County Planning Department's undersigned representative, recognizes that certain regulations apply, and that compliance with County regulations is mandatory.**

**ALL APPLICANTS ACKNOWLEDGE IT IS A VIOLATION OF GALLATIN COUNTY REGULATIONS TO COMMENCE CONSTRUCTION ON ANY PROJECT THAT IS LOCATED WITHIN A ZONING DISTRICT OR THAT REQUIRES REVIEW AND APPROVAL BY THE COUNTY COMMISSION UNDER THE SUBDIVISION AND PLATTING ACT WITHOUT THE REQUIRED PERMITS AND/OR APPROVALS. VIOLATORS MAY BE SUBJECT TO DOUBLE FEES, FINES, ORDERS TO CEASE AND DESIST, ORDERS TO REMOVE CONSTRUCTION AND REFERRAL TO THE COUNTY ATTORNEY.**

County Zoning District: Yes / No Name of District: \_\_\_\_\_

Notes: \_\_\_\_\_

- ☐ Land Use Permit **Required Prior to Commencing Construction**
- ☐ Land Use Permit **Not Required**
- ☐ MT Sub & Plat Review **Required**
- ☐ Located in Belgrade Planning Jurisdiction (Contact City of Belgrade prior to construction: 388-4994)
- ☐ Located in Manhattan Planning Jurisdiction (Contact Town of Manhattan prior to construction: 284-3235)

Property Owner or Authorized Agent ( include printed name) \_\_\_\_\_ Date \_\_\_\_\_

Gallatin County Planning Department Representative \_\_\_\_\_ Date \_\_\_\_\_